

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10/593481	FILING DATE 9-20-06
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
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50				1				
TOTAL IND.	2	↓		↓		↓		
TOTAL DEP.	29	←		←		←		
TOTAL CLAIMS	31							
51		1						
52		1						
53		1						
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TOTAL IND.	2	↓		↓		↓		
TOTAL DEP.	29	←		←		←		
TOTAL CLAIMS	31							